MILWAUKEE PROTESTANT BRADFORD TERRACE

2429 EAST BRADFORD AVENUE

MI LWAUKEE 53211 Phone: (414) 332-8610	)	Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	<b>54</b>	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	54	Title 19 (Medicaid) Certified?	No
Number of Residents on 12/31/01:	42	Average Daily Census:	45
**************	**********	************	************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	50. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	<b>28</b> . 6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.4	More Than 4 Years	21. 4
Day Services	No	Mental Illness (Org./Psy)	11. 9	65 - 74	4.8		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	26. 2		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	54.8	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	11. 9	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0. 0	ĺ	j	Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	21. 4		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	7. 1	65 & 0ver	97. 6		
Transportati on	No	Cerebrovascul ar	16. 7			RNs	16. 9
Referral Service	Yes	Di abetes	4.8	Sex	%	LPNs	10. 3
Other Services	No	Respi ratory	2. 4		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	35. 7	Male	26. 2	Ai des, & Orderlies	41.8
Mentally Ill	No		i	Female	73.8		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	No		*****	,   	100.0		****

## Method of Reimbursement

		Medicare Title 18			dicaid tle 19	_		0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of Al l
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	13	100.0	251	0	0.0	0	0	0.0	0	25	86. 2	189	0	0.0	0	0	0.0	0	38	90. 5
Intermedi ate				0	0.0	0	0	0.0	0	4	13.8	169	0	0.0	0	0	0.0	0	4	9. 5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100. 0		0	0.0		0	0.0		29	100.0		0	0.0		0	0.0		42	100. 0

MILWAUKEE PROTESTANT BRADFORD TERRACE

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	i ons, Servi ces	s, and Activities as of $12/$	31/01	
Deaths During Reporting Period								
		]			% Needi ng		Total	
Percent Admissions from:		Activities of	%		sistance of	<i>J</i>	Number of	
Private Home/No Home Health	4. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents	
Private Home/With Home Health	2. 0	Bathi ng	0. 0		83. 3	16. 7	42	
Other Nursing Homes	2. 0	Dressi ng	0. 0		88. 1	11. 9	42	
Acute Care Hospitals	91.6	Transferri ng	4.8		69. 0	26. 2	42	
Psych. HospMR/DD Facilities	0.0	Toilet Use	4. 8		64. 3	31. 0	42	
Reĥabilitation Hospitals	0.0	<b>Eating</b>	81. 0		4. 8	14. 3	42	
Other Locations	0.0	********	******	*****	******	*********	******	
Total Number of Admissions	202	Continence		%	Special Trea	tments	%	
Percent Discharges To:		Indwelling Or Extern	al Catheter	7. 1		Respiratory Care	4. 8	
Private Home/No Home Health	23.7	Occ/Freq. Incontinen		50.0		Tracheostomy Care	0. 0	
Private Home/With Home Health	29. 5	Occ/Freq. Incontinent	t of Bowel	40. 5	Recei vi ng	Sucti oni ng	0. 0	
Other Nursing Homes	5.8	•				Ostomy Care	4. 8	
Acute Care Hospitals	15. 9	Mobility				Tube Feedi ng	4. 8	
Psych. Hosp MR/DD Facilities	0. 0	Physically Restraine	d	2. 4		Mechanically Altered Diets		
Rehabilitation Hospitals	0. 0	j				j iii		
Other Locations	13. 0	Skin Care			Other Reside	ent Characteristics		
Deaths	12. 1	With Pressure Sores		2. 4	Have Advan	ce Directives	90. 5	
Total Number of Discharges		With Rashes		0. 0	Medi cations			
(Including Deaths)	207			0.0		Psychoactive Drugs	73. 8	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

\* Ownershi p: Bed Size: Li censure: Nonprofit 50-99 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 83.3 88. 9 0.94 86. 3 0.97 82.7 1.01 84. 6 0.99 Current Residents from In-County 92.9 88. 1 1.05 89. 4 1.04 **85**. 3 1.09 77. 0 1. 21 Admissions from In-County, Still Residing 9.4 22.9 0.41 19. 7 0.48 21. 2 0.44 20.8 0.45 Admissions/Average Daily Census 448.9 129.6 3.46 180. 6 2.49 148. 4 3.02 128. 9 3.48 Discharges/Average Daily Census 460.0 133.7 3.44 184. 0 2.50 150. 4 3.06 130.0 3.54 Discharges To Private Residence/Average Daily Census 244.4 47.6 5.13 80.3 3.04 **58.** 0 4. 22 52.8 4.63 Residents Receiving Skilled Care 90. 5 90. 5 1.00 95. 1 0.95 91.7 0.99 85. 3 1.06 Residents Aged 65 and Older 97. 6 97.0 1.01 90.6 1.08 91.6 1.07 87. 5 1. 12 Title 19 (Medicaid) Funded Residents 0.0 **56.** 0 0.00 51.8 0.00 64. 4 0.00 68. 7 0.00 Private Pay Funded Residents 35. 1 2.11 23.8 22. 0 69.0 1.97 32. 8 2. 90 3. 14 Developmentally Disabled Residents 0.0 0. 5 0.00 1.3 0.00 0. 9 7. 6 0.00 0.00 Mentally Ill Residents 11.9 30.9 0.38 32. 1 0.37 32. 2 0.37 33. 8 0.35 General Medical Service Residents 35. 7 27.3 1.31 22. 8 1. 56 23. 2 1.54 19. 4 1.84 49.3 Impaired ADL (Mean) 51.9 50.3 1.03 50. 0 1.04 51.3 1.01 1.05 Psychological Problems 73.8 52. 4 1.41 55. 2 1.34 50. 5 1.46 51. 9 1. 42 Nursing Care Required (Mean) 7. 2 0.65 4.8 7. 1 0.67 7. 8 0. 61 0.66 7. 3